

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO.
09/889726

FILING DATE

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
1		1		
2			1	
3			1	
4		1		
5			1	
6		1		
7			1	
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TOTAL IND.		1	1	
TOTAL DEP.		22	22	
TOTAL CLAIMS		29		

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TOTAL DEP.			
TOTAL CLAIMS			